

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047241

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 6171

FILED DEC 2 6 1962

## 1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Kansas City

Length of stay in lb  
OR  
days 3  
66 yrs

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION St. Joseph Hospital

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jackson

c. CITY OR  
TOWN Independence

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
9500 Winner Rd.

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

First ALICE Middle MARIE Last TIMMONS

4. DATE OF DEATH Month December Day 4 Year 1962

5. SEX  
Female

6. COLOR OR RACE  
White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH  
12-10-1883

9. AGE (last birthday)  
78

IF UNDER 1 YEAR  
Months Days Hours Min.

IF UNDER 24 HR  
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY  
St. Luke's Hospital

11. BIRTHPLACE (City and state or country)  
Kingston, Ohio

12. CITIZEN OF WHAT COUNTRY  
U. S. A.

## 13a. FATHER'S NAME

Charles Phelps

## 13b. MOTHER'S MAIDEN NAME

Emma Kroell

## 14. NAME OF HUSBAND OR WIFE

Thomas L. Timmons

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
no

17. INFORMANT Address  
Dr. Mary Carroll 9500 Winner Rd.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Cardiac Failure

### INTERVAL BETWEEN ONSET AND DEATH

2 days

#### DUE TO (b)

Coronary Occlusion

3 days

#### DUE TO (c)

Atherosclerosis

5 yrs

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Cerebral Vascular Insufficiency

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour 11 a.m. pm Month, Day, Year Dec 1 1962

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Dec 1 1962 to Dec 4 1962 and last saw her alive on Dec 4 1962  
Death occurred at 11 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

George K. Boyd MD

22b. ADDRESS

5111 Independence Ave

22c. DATE SIGNED

12-5-62

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

23b. DATE  
12-7-62

23c. NAME OF CEMETERY OR CREMATORY  
Mt. Olivet Cemetery

23d. LOCATION (City, town, or county) (State)  
Kansas City, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Melody-McGilley-Eylar Woodland

25. DATE RECD. BY LOCAL REG.

12-5-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

George K. Boyd

Mr. George Buehl  
5111 Indep.  
Re 1-7943

Tues. 1:00 to 5:00

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

James E. Hochlemon

Licensed Embalmer No. ~~1008~~ 4593

P. O. Address Kansas City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.